

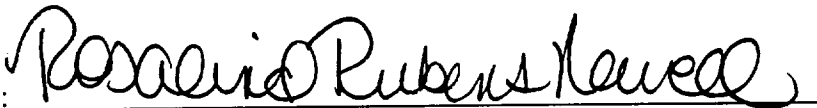
Entered - 03/08/01 - sb
CL01L0168 - DIANNE C. MITCHELL

01- *R*-0799

CLAIM OF: **MICHAEL T. AND KATHERINE W. NEWTON**
117 Clositer Drive
Peachtree City, Georgia 30269

For damages alleged to have been sustained as a result of a vehicular
accident on February 3, 2001 at Williams Street and 5th Street.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0168

Date: May 16, 2001

Claimant /Victim MICHAEL T. AND KATHERINE W. NEWTON

BY: (Atty)(Ins. Co.) _____

Address: 117 Cloister Drive, Peachtree City, Georgia 30269

Subrogation: _____ Claim for Property damage \$ 2,349.73 Bodily Injury \$ _____

Date of Notice: 03/01/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 02/03/01 Place: Williams Street and 5th Street

Department Police Division: _____

Employee involved Hugh H. Henry Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way and collided with the claimants' vehicle causing damages in the above amount. However, the claimants have rejected the City's settlement offer.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected X Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 05-16-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

MAR - 1 2001

RE: CLAIM FOR DAMAGES

Today's Date: Feb. 25, 2001

ENTERED - 3-8-01 - SB
01L0168 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,067.28 (Car Repair)
282.45 (Rental Car)
2,349.73 property
and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: Feb. 3, 2001 (month/day/year) 2. Time of Incident: 1:40 3. Police called: X Yes No
4. Location of incident (including street address): Intersection of Williams St. & 5th St., N.W.
5. Name of your insurance company: STATE FARM Policy No. W619479E13116
6. State what and how incident occurred: I was driving eastbound on 5th Street, N.W. when an unmarked City of Atlanta police car driven by Officer H. Henry pulled out from a stop sign on Williams Street and struck the front right side of my car. (See Accident Report Attached)
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Honda 1998 883 ATP (GA) Michael T. Newton
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: Ford Hugh H. Henry Atlanta Police Department
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Katherine W. Newton 117 Cloister Dr. Peachtree City, GA 30269 770/631-8558
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Michael T. Newton
(Print Claimant's Name)
117 CLOISTER Drive
(Address)
Peachtree City, GA 30269
(City, State and Zip Code)
404-562-9567 770-631-8558
(Work Number) (Home Number)

01-R-0799